							Application or Docket Number					
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* If the difference in column 1 is less than zero, enter "0" in column 2						ı	+140=	4		OR		
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C		MENDE			(Column 3)		SMAL	L EI	NTITY	OR		
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20 * ADDIT FEE										OR	TOTAL ADDIT FEE	
lt the "Highest Nu The "Highest Num	mber Previously Pa ober Previously Pai	aid For' IN THE d For' (Total o	is space is r Independe	ent) is the	in 3, enter 3." highest numbe	r four	nd in the a	appro	priate box	ın col	lumn 1	
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DEPENDENT CLAIMS 2 minus 3 =   ULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter '0' in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PAID FOR ADDIT FEE  Total Nimus